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MAY 31 2019  
S.D. SEC. OF STATE

SD Secretary of State Office  
500 E. Capitol Ave.  
Pierre, SD 57501  
(605) 773-2797  
[sos.edu@state.sd.us](mailto:sos.edu@state.sd.us)

**RENEWAL**  
**APPLICATION FOR CERTIFICATE OF**  
**AUTHORIZATION TO PROVIDE**  
**POSTSECONDARY EDUCATION**  
SDCL 13-48

**FILING FEE: \$250**  
FILING FEES ARE NONREFUNDABLE AND NOT PRO-RATED  
Make Check Payable to SECRETARY OF STATE

1. Name of Applicant (the institutional name under which postsecondary educational programs are provided):

University of Northwestern - St. Paul

2. Applicant's Main Address (Additional sites listed on Attachment A):

3003 Snelling Ave. N. St. Paul MN 55113

Actual Street Address

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

www.unwsp.edu

Website

3. Contact Person: Nancy Kirby Coordinator of Student Curriculum

Name

Title

651-631-5102

Telephone Number

Fax Number

njkirby@unwsp.edu

Email Address

4. Applicant's PHYSICAL South Dakota Address:

4721 West 71st Street Sioux Falls SD 57108

Actual Street Address

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

5. Does the Applicant operate at sites other than the addresses stated above?

☐ YES

☒ NO

If "YES", please be advised that Attachment A to this application must be completed, which shall comprise part of this application, and any subsequent changes to the information provided in Attachment A must be submitted with an amendment application to the Secretary of State Office, within thirty (30) days of such change.

6. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)?

☐ YES

☒ NO

If "YES", please indicate the following:

Parent Organization Name

Street Address

City

State

ZIP+4

7. Is the Applicant an instrumentality of the State of South Dakota under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☒ NO

If "NO", please indicate whether the Applicant is either (check one of the following):

- ☒ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

MN	Minnesota Office of Higher Education		
State	Agency		
1450 Energy Park Drive, Suite 350	St. Paul	MN	55108
Street Address	City	State	ZIP+4
(651)642-0567	(651)642-0675		
Contact Phone Number	Fax Number		

- ☐ Legally established to operate in South Dakota as a business entity

\_\_\_\_\_  
South Dakota Business ID

\_\_\_\_\_  
South Dakota Business Name

8. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

- ☒ YES - Please include a COPY of your Accreditation.

If "YES", please indicate the following:

Higher Learning Commission of the North Central Assoc. of Colleges and Schools

Accrediting Agency

230 South LaSalle Street, Suite 7-500	Chicago	IL	60604
Street Address	City	State	ZIP+4

Effective date of most recent grant of accreditation: 2018-2019

Term or expiration date of most recent accreditation: 2028-2029

- ☐ NO

If "NO", Application submission MUST include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

9. Has the Applicant ever been ordered to cease operations?

☐ YES

If "YES", please indicate the following:

Jurisdiction

Agency that made the order

The date ordered to cease operations:

Dates the cease operation was in effect:

Is the cease operations order still in effect?

☐

YES

☐

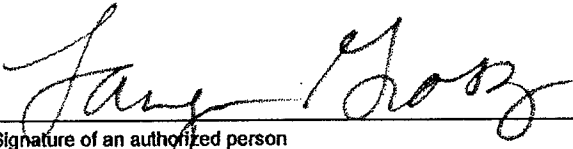
NO

☒ NO

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution. No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated 5/22/19



Signature of an authorized person

**Tanya Grosz**

Printed name

**Dean-College of Graduate, Online & Adult Learning**

Title

**Submit Application to:**  
South Dakota Secretary of State  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
[SOS.EDU@state.sd.us](mailto:SOS.EDU@state.sd.us)

## ATTACHMENT A

### ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to  
Provide Postsecondary Education or Amendment thereof.)

1. University of Northwestern - St. Paul

Name

4721 West 71st Street

Sioux Falls

SD

57108

Street Address

City

State

ZIP+4

- 2.

Name

Street Address

City

State

ZIP+4

- 3.

Name

Street Address

City

State

ZIP+4

- 4.

Name

Street Address

City

State

ZIP+4

- 5.

Name

Street Address

City

State

ZIP+4

- 6.

Name

Street Address

City

State

ZIP+4

(Make additional copies of this Attachment as may be necessary and submit with Application)



## HIGHER LEARNING COMMISSION

230 South LaSalle Street, Suite 7-500  
Chicago, IL 60604-1411  
312.263.0456 | 800.621.7440  
Fax: 312.263.7462 | hlcommission.org

March 8, 2019

Dr. Alan Cureton  
President  
University of Northwestern - St. Paul  
3003 Snelling Avenue North  
Saint Paul, MN 55113-1598

Dear President Cureton:

This letter serves as formal notification and official record of action taken concerning University of Northwestern - St. Paul by the Institutional Actions Council of the Higher Learning Commission at its meeting on March 4, 2019. The date of this action constitutes the effective date of the institution's new status with HLC.

**Action.** IAC continued the accreditation of University of Northwestern - St. Paul with the next Reaffirmation of Accreditation in 2028-29.

In two weeks, this action will be added to the *Institutional Status and Requirements (ISR) Report*, a resource for Accreditation Liaison Officers to review and manage information regarding the institution's accreditation relationship. Accreditation Liaison Officers may request the ISR Report on HLC's website at <https://www.hlcommission.org/isr-request>.

Within the next 30 days, HLC will also publish information about this action on its website at <https://www.hlcommission.org/Student-Resources/recent-actions.html>.

If you have any questions about these documents after viewing them, please contact the institution's staff liaison Jeffrey Rosen. Your cooperation in this matter is appreciated.

Sincerely,

Barbara Gellman-Danley  
President

CC: ALO

**Boe, Val**

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**From:** Kirby, Nancy J <NJKirby@unwsp.edu>  
**Sent:** Friday, May 31, 2019 9:16 AM  
**To:** SOS-UCC  
**Subject:** [EXT] South Dakota Authorization to Provide Postsecondary Education Renewal  
**Attachments:** 2019 South Dakota-UNWSP Renewal Certificate.pdf

Please find attached to this email the Renewal Certificate for University of Northwestern – St. Paul.

Thank you,



**UNIVERSITY OF  
NORTHWESTERN**  
ST. PAUL

**Nancy Kirby**

Coordinator of Student Curriculum, Online Learning Office

P: 651-631-5102 | [njkirby@unwsp.edu](mailto:njkirby@unwsp.edu) | [www.unwsp.edu](http://www.unwsp.edu)

*Equipping Christ-centered learners and leaders  
to invest in others and impact the world.*